

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 075365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER CURTIS HOME ST ELIZABETH CENTER		STREET ADDRESS, CITY, STATE, ZIP 380 CROWN STREET MERIDEN, CT 06450	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility policy and interviews, the facility failed to ensure the appropriate disinfecting wipes were used to clean shared medical equipment and surfaces during the COVID-19 pandemic. The findings include: Interview with Licensed Practical Nurse (LPN) #1 on 7/16/2020 at 12:15 PM identified that he/she was using Table Turners Sani professional cleaning wipes that contained [MEDICATION NAME] Alcohol, fragrance, and inert ingredients on shared medical equipment such as stethoscopes and blood pressure cuffs between residents. Although LPN #1 identified that he/she had all three disinfectants available, purple top sani-wipes, red Re-Juv-Nal spray, and the Table Turners Sani professional cleaning wipes, he/she used the Table(NAME)wipes on medical equipment. LPN #1 identified that he/she used Purple top EPA approved wipes on the glucometer. Interview with the Maintenance Director on 7/16/20 at 12:22 PM identified that the Table Turners Sani professional cleaning wipes were not an approved wipe for medical equipment and LPN #1 should be using the EPA approved purple top Sani wipes or the red concentrate spray Re-Juv-Nal available on the medication carts for disinfecting. Interview and review of facility protocol with the Director of Nurses (DNS) on 7/16/20 at 12:41 PM identified that LPN #1 had all three cleaning products available and he/she should have used the spray or purple top. Additionally, although LPN #1 worked on the COVID-19 observation unit, residents who were on quarantine had dedicated medical equipment. The DNS identified that the medical equipment that LPN #1 was using on residents was only on the COVID-19 negative unit. The DNS identified that he/she would be removing the Table Turners Sani professional cleaning wipes from the medication carts.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.